## **Riverside Skating Center Ice Rink Rental Application**

## **Return Rental Application To:**

Morton Community Center 222 N. Chauncey Ave. West Lafayette, IN 47906 Telephone (765) 775-5120; Fax (765) 775-5123

Type of activity:			Number of participants:		
Date of activity:/ Time: from to _			(include set-up/tear-down time)		
Admission charged or donation re	equested for attendance:	Yes (a	mount per person \$	)	No
Use of admission or donation pro	ceeds:				
Equipment to be used (please list	):				
Name of group or organization:					
Address:					
Name of authorized representative	e:				
Address:					
Day phone:	Evening phone:		Fax:		
The Riverside Skating Center (Facili have read, understand, and agree to cunderstand that use of the Facility is understand that use of the Facility in knowledge of the dangers involved.	comply with the Rules and Renavailable at our discretion, and	ntal Policy. On beat that we are not co	half of the above listed orga compelled in any way to use	nization or the Facility	individual, I  . We
In consideration of being allowed to representatives and assigns, hereby r the West Lafayette Parks and Recrea entity acting on their behalf, from an from or arising out of the use of the	elease and forever discharge, a tion Department, and their Bo y and all responsibility or liab	and agree to indem ards, officers, agei	nify and hold harmless, the nts, employees, and represer	City of W ntatives and	est Lafayette, any person or
☐ We are a Recognized Student O Organizations (BOSO). Purdue with the Activity Form submissi BoilerLink)	Contract Addendum will apply	to this contract.	Orgs must scan and upload t	his form in	to BoilerLink
Signature of authorized representative	e:		Date:/	/	
	For Offi	ice Use Only			
Amount paid: _\$	Date paid:	/	Receipt number:		
Conditions/Comments:					
Ammorrad bru			Dotor	/ /	